THE
Southern Medical Record:

EDITORS:
THOMAS S. POWELL, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

☞All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIV. ATLANTA, GA., MAY 20, 1884. No. 5.

ORIGINAL AND SELECTED ARTICLES.

A DIAGNOSTIC SIGN OF TUBERCULOUS MENINGITIS.

BY E. VAN GOITDSNOVEN, M. D., OF GEORGIA.

Translated from the Paris Journal de Medicine.

Dr. Lambert Ott mentions as a sign of tuberculous meningitis, the excessive sensibility manifested by the patient upon pressure of the femur. He accidentally noticed this fact in a particular case and verified its presence in another; pressure on other points of the extremities producing no pain.

The mention of this clinical incident, clipped from the Philadelphia Medical Times, and which we copy from the Paris Medical, brings to our recollection a lecture of Professor Lasegue, in which he insisted upon the utility to be derived therefrom, and cited three remarkable facts, clearly bringing this symptom to light.

The first instance was that of a girl presenting a few symptoms peculiar to meningitis, which subsequently proved to be the case. In this Professor Lasegue accidentally noticed, whilst inspecting the cutaneous surface, an extreme sensibility of the femoral region. Indeed, the patient would utter a cry of anguish as soon as pressure was made, thus eliciting on the femur manifestations of a considerable hyperæsthesia which existed nowhere else.

With another patient this phenomenon was less marked, but pain existed in the same point of the femur. Complaint was also made of shooting pains in the lower extremities.

The third case was that of a girl of twenty, down with fever, accompanied by violent and delirious cephalalgia. This sign was well marked and defined. For the patient, though in a semi-comatose condition, briskly rose on her bed as pressure was made on her thigh.

The occasion which caused Professor Lasegue to recall these episodes of his practice, was the clinical treatment of a servant girl engaged in his household, and who, being afflicted with deafness, prostration and stupor, without either intestinal or thoracic troubles, presented the phenomenon in question in the highest degree.

No sooner was palpation commenced than she uttered a cry of anguish very different from that which bespeaks muscular rhumatism; for, in the latter, the pain is felt at a point perpendicular to the attachments and not to the bodies of muscles.

Facts of this order have been sounded by Professor Fournier who dwells on them in a special manner in his work on Cerebral Syphilis. For in his remarks on the congestive form of cerebral syphilis, after having described certain perturbations of general sensibility, such as formications or torpor generally detected in the extremities, Professor Fournier points out as disorders of a very different character, certain vague and indefinite pains, being produced on a limited part of the body, on a limb, on the extremities of a limb, pains sometimes fixed, sometimes movable, neuralgiaform, more or less persistent, and, in all cases, apt to recur.

What are those pains?

Where is their true and precise seat?

We are not able to tell.

Owing to the indecision which seems to shroud their localities, hardly any cognizance has been taken thereof. Hence they have received no other qualifications but those of Rheumatismal, Rheumatic, Neuralgic, Osteocopic Pains.

Professor Fournier says he has observed them so often (and always in the same condition), that he cannot but speak positively of their close relation to cerebral affections.

It cannot be denied that such pains are frequently produced as prodromic and symptomatic prenomena of cerebral lesions. Hardly noticed hitherto, they should be the object of closer investigation, as they constitute a symptom capable of furnishing a valuable clue in Diagnosis.

Professor Fournier also cites an instance which might be considered as closely allied to the above stated facts.

The case is that of a young man who had an attack of encephalo-meningitis. This disease, which developed rapidly and terminated fatally, was characterized by the pains in question in their highest intensity. The patient treated by Professors Fournier, Charcot and Edward Labbe, manifested such agonizing sufferings over the right femur, that repeated efforts were made to ascertain whether independently of cerebral affection, there was no particular lesion, such as a deep abscess, or periostitis, osteitis, etc. The closest and minutest examination failed to reveal the least cause for such a supposition, or to sustain the theory that anything of the kind could possibly exist; and thus the localization and pathology of the pain remained unexplained.

With a view of calling attention to this particular form of pathological condition, Professor Fournier proposes to designate them as Cerebral Pains of the Limbs, with the understanding of modifying the term as soon as we shall be better informed and enlightened on their true pathology.

REMOVAL OF FOREIGN BODIES FROM THE SURFACE OF THE EYE AND LIDS.

BY S. L. FRANK, M. D.,

Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital, Etc.

(*Read before the Clinical Society of Md. Jan.* 4, 1884.)

A few days ago a patient called to see me with the statement that his family physician, whom he had consulted the day before about the pain in his right eye, told him he had a stye coming on the lid, which was the cause of his suffering. Finding no relief from the poulticing ordered, he called to see me.

Upon examination I found no stye but a foreign body (particle of iron) upon the cornea, which I removed, and the trouble was at an end.

This mistaken diagnosis has recalled a number of like nature which have come under my notice the last few years.

This is a state of affairs which I think ought not to exist. A general practitioner should make himself at least perfectly capable of diagnosing a foreign body in these regions, and in many cases be able to remove them. Of course I leave out of the question entirely the removal of foreign bodies from the interior of the eye or those cases where the foreign body, although in the cornea, has also passed partly into the anterior chamber. It is for this reason that I have confined the subject this evening to the *surface* of the eye only. A general practitioner should no more be expected to

deal (successfully) with foreign bodies within the eye than he is expected to do resections of bones, ovariotomies, lithotomies or other serious operations.

The discovery of foreign bodies is easy in most of the cases with the naked eye, the patient being seated near the window, in a good light, or at night by oblique illumination. When very minute, they can be seen with a magnifying glass, and the removal in most of the cases is easily effected.

Why is it, then, that these mistakes are so often made of not recognizing the cause of the trouble? Is it a dread of touching the eye or ignorance how to look for foreign bodies? The latter in some cases that I have seen was the more likely. Thus I recall a case where a mould, in which red-hot iron had been poured, exploded and some particles of the hot iron flew into the inner canthus of the eye and lodged on the conjunctiva and remained there for four days; although fully the size of a small tack-head, two physicians, whom the man had consulted, without examining the eye, ordered an astringent wash. The removal of the piece of iron by me, with a little sweet oil instilled afterwards, ended the trouble. This picture is not overdrawn. I am sure my colleagues present this evening can recall also many cases in which patients with foreign bodies on cornea were treated for eye diseases which did not exist.

Now, where do we generally find foreign bodies and consequently where must we look for them? As a rule on the cornea or under the upper lid. If the patient is a mechanic he probably will tell you that a piece of iron or steel has flown into his eye, either whilst at work or grinding his tools. In this case it will be an easy matter to seek for the foreign body.

Where are we to look first? As a rule at the cornea, that being the spot where the body most frequently lodges.

The patient being seated facing the window, separate the lids and carefully examine the cornea, letting the eye follow a finger in all directions so as to throw the light well on all its parts; if not to be found in this way with the naked eye then examine by oblique illumination, a lens of two or three inches focus being used to concentrate the light upon the different parts of the cornea; if the foreign body is so minute as not to be seen even in this way, it can be still more magnified by concentrating the light, as before stated, through a three-inch lens and at the same time examining the cornea by looking through a 2 or 2½ inch glass. In this way it will be impossible to overlook a body, no matter how small. Some of the smallest I have ever seen and a number of which could not otherwise be detected, have been tiny pieces of percussion caps fired from toy or other pistols.

Dr. Noyes, in his work on Diseases of the Eye, pages 213 and 214, gives the drawing of a contrivance with a lens attached to a ring which can be put on the index finger of the left hand and thereby the light concentrated upon the cornea whilst holding the lids apart with the fingers, so as to bring out the spot where the foreign body is lodged and assist in its removal.

Should the patient be a traveler, coming by rail the probabili-

ties are we are dealing with cinders from a locomotive, and it is surprising what an amount of irritation and inflammation is sometimes seen in these cases; here we very often find the foreign body under the upper lid near the edge. Having struck the eye it is usually carried by the movements of the ball under the upper lid where it remains and keeps up a continual friction upon the eye.

I know of no simple trouble of the eye where such profuse thanks are as often given by the patient as in the removal of cinders, the relief being of course almost instantaneous.

How are we to get at the corpus delicti when under the upper lid? The simplest method, and I think the least disagreeable, is to hold a probe or pen-handle or any hard substance horizontally across the middle of the upper lid with the right hand (in the lower lid it is of course not necessary as it is easily pulled down and outwards); then by pressing the probe backwards and downwards and catching the lashes or edge of upper lid and telling the patient to look down at the same time, pull the lashes and edge of lid upwards with the thumb and index finger of left hand; by this manœuvre the lid is easily turned over. We have now no trouble in examining the lid to the retrotarsal fold; as a rule the cinder or whatever else it may be, is found lying just beyond the edge of the lid on the conjunctival surface, and can easily be wiped away either with a bit of cotton wrapped around a piece of wood or end of handkerchief.

Should the patient be neither a mechanic nor traveler, then the history of the case, and suddenness of the discomfort, will attract our attention to the possibility of a foreign body on the eye; in fact, it is a rule in all cases to examine cornea, conjunctiva and lids, before going to the interior.

Having found the foreign body on the cornea, what instrument do we need and how shall we remove it? If it is a bit of cinder, metal or other substance merely on the surface of the cornea, it can be easily removed by a simple method which was first brought to my attention by my friend, Dr. Russell Murdoch, and consists of a wooden tooth-pick or match around one end of which a little absorbent cotton is wrapped; this being a soft substance, it pains but very little, if at all, when carried across the cornea and the foreign body is removed.

Should the foreign body be imbedded in the substance of the cornea, it can be removed by a spud, cataract needle or a scoop, with which it is easily picked out of its bed; the latter is my favorite instrument, especially where the metal was hot when it struck the eye, and has burnt the tissue around it; the latter can be thoroughly cleaned out with this instrument. My method of placing patients is generally seated, whilst I stand behind them and let the head rest backwards against my chest (of course facing the light and near a window), then separate the lids with the fingers of the left hand and at the same time with middle finger press upon the eyeball sufficiently to steady it; in this way no assistant will be necessary. With a child or very nervous person it may be necessary to æsthetize them.

If the above procedure cannot be carried out, holding lids and eyeball steadily, a lid-holder can be introduced and the eyeball steadied with forceps. Of course this method is more painful than the other, but is perhaps the one a beginner or a person less experienced would prefer.

After removing particles of iron, a rust stain sometimes remains; this need not be removed, as it will disappear of itself in a few days.

If a good deal of epithelium has been scraped off in getting out the foreign body, laying some of the corneal nerves bare, or the eye is very sensitive, it is well to put a drop of atropine in the eye and then bandage it for a day or so. This will be all that is necessary in most cases.

If the foreign body is on the ocular conjunctiva it can easily be removed, if not too firmly imbedded, with the spud, cataract needle or bit of absorbent cotton.

In the October number of the Centralblatt der Augenheilkunde, this year, Hirschberg, in a review of Simeon Snell's work on the electro-magnet and its employment in ophthalmic surgery, adds a report of some additional cases of his own; these all refer to the foreign body in the interior of the eye. At the same time he reports two cases (Nos. 18 and 19), in the former of which the patient's physician had made twenty-five ineffectual attempts to remove the triangular piece of iron imbedded deeply in the parenchyma of the cornea and part of it in the anterior chamber also. Hirschberg inserted a lid-holder, and holding the eye with forceps he shaved off part of the cornea above the foreign body with the keralom and then extracted the foreign body with the electro-magnet, the piece weighing three milligrams. Case No. 19 was a similar case and was relieved in the same manner, the foreign body weighing 1-5 milligram. The first case left the hospital in twenty-four hours, the eye being free from irritation. The second case had slight irritation of the eye for a week from rust, which had remained behind.

I merely mention these cases in order to bring before you this new method of removing iron from cornea, the most recent triumph in modern ophthalmology.

SPERMATORRHŒA.

BY J. S. GEIGLEY, M.D., LEWISTON, ILL.

There are, perhaps, few physicians who have not been called upon to treat one or more cases of the above affection, and those that have treated the greatest number will, I am sure, agree with me when I say there are few diseases the treatment of which is less satisfactory than this functional disorder of the male generative organs; for, on looking through works in which this subject is treated, we find almost numberless remedies recommended, any of which might cure, or all of which may fail. Indeed, it has almost become a maxim in medicine that the more numerous the medi-

cines the more incurable the disease. The disease, in itself, is not serious, but the effect it has on the patient's mind is sometimes very serious. This is usually by his consulting some ignorant person, or reading some one of the innumerable advertising "treatises" that are scattered broadcast by enterprising quacks, who trade on the ignorance or misfortunes of the people.

The term "spermatorrhœa" is frequently used indiscriminately in speaking of several different conditions, thus: prostatorrhœa, nocturnal emissions, premature emissions (seminal weakness), and involuntary emissions, are commonly spoken of as spermatorrhœa, when, in reality, the term should be applied to the latter condition only. True, the difference in these conditions is more one of degree than of form; but sometimes it is a great comfort to a patient to be told that he has something other than spermatorrhœa. Not unfrequently a young man will become alarmed about a discharge that takes place after passing his urine; this is sometimes quite abundant; it also resembles seminal fluid somewhat, and if this patient has an occasional nocturnal emission, he is sure he has spermatorrhœa. This is what authors call prostatorrhœa, and is most likely caused by constipation, or possibly an old clap. While nocturnal emissions might be considered the first stage of spermatorrhœa, I am convinced that almost any healthy individual, who does not indulge in sexual intercourse, will have nocturnal emissions as often, perhaps, as every two or three weeks. They will always occur during a lascivious dream, and will not injure his health in the least; but if these occur oftener than every ten days, we must look for a cause other than celibacy.

Sometimes the patient will complain of the organism taking place at the beginning of the sexual act; or, that he has emissions when in the society of the opposite sex. This is likely to be accompanied by nocturnal emissions with dreams, and is the condition usually called seminal weakness, or premature emissions.

In true spermatorrhœa the patient will tell you he has an emission every—or nearly every—night, generally unaccompanied by dreams of an amorous nature, and is only aware that he had an emission by the appearance of his linen in the morning. He will also tell you he has lost the desire for sexual intercourse, but that a lewd picture, or the contact of a woman's dress, will sometimes cause a feeble erection, with an emission; also, at times, the least stimulation applied to the glans will act the same way; and, further, that sometimes an involuntary emission will take place independent of any cause. These patients sometimes brood over their misfortunes until they are really objects of pity, and their health begins to be seriously affected; not, perhaps, through any systemic or physical drain, but through the effect produced upon the nervous system by the loss of nervous force at each emission.

The causes of these troubles are various, but that dilated upon by most writers is masturbation. While admitting this to be a fruitful cause of the trouble, I fail to see how it should produce results differing from normal coitus. Sir James Paget says: "The mischief is due to the quantity, not to the method of the excesses." We will notice that the majority of these patients come from the

middle and upper walks of life; their habits are sedentary, being either students or their employment is of such a nature as to require little physical exertion. Many of these patients are the victims of obstinate constipation, and we can easily see how a hardened mass of fæces in the rectum could produce irritability of the urethra and prostate gland by constant pressure of these organs.

As I did not commence this paper with the expectation of adding anything to our knowledge of the nature of the disease, I will report a few cases and close this already too lengthy article.

Case 1, Sept. 20th, 1882.—W., aged 17, good growth, but delicate, shows heavy dark circles under the eyes, attends school, is studious and intelligent; has been troubled with nocturnal emissions for over a year; have been increasing in frequency from the start; at present, has one almost every night; has had as many as two in one night, generally accompanied by a dream; says he has not practiced masturbation for over a year, never to excess; no sexual intercourse for over a year; had his passions frequently aroused, but not gratified, by a servant girl in the family; no involuntary emissions, but a stringy discharge after passing urine; bowels very costive, sometimes no movement for three or four days. My prescription was a pill of podophilin and hydrastin, with a globule of atropia each night, saline laxative before breakfast, a tonic mixture through the day, and a half drachm of bromide of potassium with eight drops fl. ex. gelsem. in half glass of water after eating supper. This and similar treatment was kept up about six weeks, with no further result than an improvement in the condition of the bowels. Finally, the patient becoming discouraged, I concluded to cauterize the prostatic portion of the urethra, as is recommended by some authors. I devised an instrument for carrying tinct. iodine to the part. My instrument was this: An ordinary gum catheter, No. 9, with the eyed end cut off so that the stylet would protrude about a quarter inch; now a small piece of sponge is secured over the end of the stylet with a fine silk thread, the ends of which should be left long and brought up through the catheter and secured to the ring in the other end of the stylet; this will prevent the sponge from being left in the urethra, if it should slip; the sponge should be trimmed smooth and round, and should exceed the diameter of the catheter somewhat when distended with fluid. The sponge is to be dipped in strong tinct. iodine and carefully drawn into the catheter; an ordinary gelatine capsule, softened by holding in the mouth a moment, is slipped over the end of the catheter, which is now introduced into the urethra as far as the prostatic portion, when the stylet is pushed forward and the whole instrument withdrawn. This applies the iodine to the prostatic urethra pretty thoroughly.

This instrument I used on my patient with the result of quite an inflammation of the deep urethra, and considerable pain on passing urine, which was controlled with large doses of potassium bromide. I repeated the operation on the 8th and 20th days, during which time the patient had no emissions. The amount of disturbance following the last application of iodine was very slight. From this time on the patient had no more than one or two emis-

sions a month, and considered himself well. Outside of the local applications, the rest of the treatment was purely symptomatic.

Case 2, Dec. 7th, 1882.—R., clerk, aged 20, had been troubled with nocturnal emissions 18 months; had gradually increased in frequency; was now having from three to five a week; sometimes had a dream, sometimes not; attempted to have intercourse lately, but failed on account of the emission taking place prematurely; felt very much frightened, and concluded to consult a doctor; is feeling very badly; has severe pains in the back, pains in the head and vertigo; thinks he is going to die; said he had not practiced masturbation for some time, would not say for how long; has no appetite. Prescribed a saline laxative and a bitter tonic, and made the local application of iodine, By the second day the urethral disturbance was so great that it drew his, as well as my own attention away from the original trouble; this disturbance was controlled, however, by hot fomentations to the perineum, large doses of the bromides, with a rectal suppository of belladonna and hyoscyamus. Being a little timid about using iodine again in his case, I concluded to try electricity by means of an intro-urethral electrode (this is suggested by several writers). I made my electrode by taking a piece of three-sixteenths inch round iron, and filing all but about two and one-half inches at one end down to the size of one-eighth inch or less, The end left full size is to be the beak of the instrument, and should have a curve corresponding to the quadrant of a circle, the size of which would be about four inches; a piece of thin rubber tubing should be stretched over the small part of the instrument, until it fits snugly against the shoulder of the beak, when we have a good urethral electrode, nicely insulated at all points, except where we want the current to take effect. I attached this instrument to the negative pole of a Faradic battery, and introduced it down to the prostatic urethra, allowing it to remain about ten minutes, meanwhile passing the sponge of the positive pole from the lumbar region down to the perineum; this produced some vesical irritability for a few days. I gave this patient one sitting a week for six weeks, at the end of which time he considered himself well. In this case I gave the credit of the cure to the application of the iodine, for the condition of his penis occupied the patient's attention, to the exclusion of everything else, for about eight days, and he went three weeks without having an emission.

Case 3, Feb. 10th, 1883.—A., aged 22, farmer, has nocturnal emissions, one to three a week; has been in same condition for some time; during the last few weeks has a profuse discharge, which he thinks is seminal matter. Patient expects to get married soon, and his condition troubles him very much; had gonorrhœa several years ago; appears well nourished and in good health, but is troubled part of the time with obstinate constipation. Prescribed the usual remedies for this. Applied the prostatic electrode, but had some difficulty in passing a stricture situated well back in the membranous portion; considerable irritability back of stricture. I gave the patient a sitting a week for a month, also using the bromides and salines during this time; had but one emission, but still

had some discharge. I applied the iodine to the prostatic and membranous portion thoroughly, and passed a good sized sound every other day. The discharge ceased in a few days.

I could report several more cases of the same kind, but it would be useless, as they are so near alike. In conclusion will say, I think the important part of the treatment is the breaking up of the *habit* of these emissions; this being done, it encourages the patient and gives him the confidence necessary for an intelligent co-operation in the treatment of the case. In my opinion, the local treatment adopted in these cases broke the habit by the shock which it produeed in the neighborhood of the openings of the ejaculatory ducts; also, the effect produced upon the *mind* of the patient by the use of apparatus (which, as he thinks, reaches the diseased part) must not be overlooked.—*Peoria Medical Monthly.*

SCARLET FEVER AND MEASLES IN DOGS AND CATS.

By JOHN C. PETERS, M.D., NEW YORK.

Copeland, Ziemssen, and many other writers allude to scarlet fever in dogs, but in such a perfunctory way that nobody pays much attention to it. Some months ago I attended a case of scarlet fever in a young lady who had a pet pug dog. It so happened that I had seen this dog several times when well; finally it sickened, and seemed to have what is called "distemper," to which all young dogs are subject, like children to scarlet fever and measles. Of course, I paid little or no attention to it, but recollect that it appeared to have a feverish cold, with sore eyes and throat, refused its food; and rapidly fell away in condition. It was sent to a dog doctor, and soon after its young mistress had a very decided outbreak of scarlet fever, about which there could not be the slightest doubt. Her eyes were affected more than is usual in scarlet fever, and the mother repeatedly called my attention to the similarity of some of the symptoms of the dog-distemper to those of her daughter. I warded off these gentle attempts to establish a connection between the disorder of the dog and that of its young mistress. Many months after, when I became interested in the possihle occurrence of scarlet fever in horses, the mother again stated her belief, which she had never abandoned, that the dog had had the same disease as her daughter, and that the canine disorder, as I well knew, had the precedence in point of time. Subsequently, I learned that the dog had been taken along several times by a waiter man when inquiries were made about another young lady sick with scarlet fever.

This case, standing alone, would, of course, form a very slender basis for anything else than to suggest that sick dogs should be examined more carefully by doctors in the future. Soon after I heard that Dr. Alexander Hadden knew something about scarlet fever in cats, and, after several conversations with him, persuaded him to write out his opinions, and, on December 5th ult., received the following letter:

"DEAR DOCTOR: About fifteen years ago my attention was called to scarlatina in animals by an article published by the well-known Dr. Snow, of London, in a medical journal which I have lost, and the name of which I have forgoten. The purport of his paper was that cats were often the carriers of scarlet fever to families; that they were subject to this disease, and often communicated it to their kind and also to human beings. He also stated that they died of this malady, and then presented the common post-mortem appearances of unmistakable scarlet fever, especially in the skin and kidneys. His statements were so positive that I bore them in mind, and, when other well known sources of the contagion were not present in the cases I met with in practice, I inquired about the condition of these common house pets. The first cases which fastened my attention to this point still more were three children in one family all attacked with scarlet fever about the same time. They had not been exposed to scarlet fever in any known way, for they had not been out of the house for several weeks, as they were snow-bound in the country, and the weather was very cold. There was no scarlet fever in the neighborhood, and few or no visitors had come to the house. I asked if there were any sick cats in the family, and was told that the house cat had been ailing for a week with sore throat and eyes. The animal was sought for, but could not be found, although it had been seen lying beside the stove in the morning. It never returned, and therefore I was left with incomplete evidence. The next case which presented a like suspicious history was in a boy aged ten years, who, about four days before I was called, had been caring for a sick kitten which he had found in the street, and which died on the following day. The lad had not been exposed to the contagion from any human being, as far as could be ascertained; there was none in the neighborhood where he lived. His attack was well marked and very virulent, so that he died on the third day. In the following week his little sister was taken with the same disease, scarlet fever, but had it less severely, and recovered. In this case, also, I was deprived of the opportunity of obtaining positive evidence for or against the suspected origin of the contagion.

"On several occasions I tried to produce scarlet fever in kittens by exposing them to the disease, but obtained no absolutely satisfactory results. The plan I pursued was to place kittens about six weeks old in bed with children suffering with scarlet fever, and allow them to remain there parts of several days. Some of these animals became sick with catarrhal affections of the eyes and throat, but none exhibited the rash upon the skin, or characteristic glandular inflammation of the neck, or marked renal conditions."

I also persuaded Dr. Erskine S. Bates to write out his experience, as follows:

"DEAR DOCTOR: In looking over my case-book, I find the following notes, which may be of interest to you and others. They are necessarily meager, as the subject did not at that time possess the interest it will now: On March 6, 1877, I was called to attend

Maggie W., aged seven. Her mother stated that the child had been very sick all night, and she was afraid she had caught some disease from a strange kitten which she had found in the hall some days previous. The kitten was sick when found, and the child had been nursing it ever since. I did not attach much importance to the mother's fears, but found that my little patient had scarlatina anginosa, and so informed the mother. The next day the mother again referred to the case of the sick kitten, and told me that the family cat was now also sick, very much like the kitten, and asked me to examine both animals. I did so very skeptically, and found both cats with high fever, scarlatinous sore throats in different stages, and some discharge from the nose; they were both very sick. As the child was quite ill, little attention was given to the felines beyond watching them casually from day to day. The family cat died on the sixth day; the kitten recovered, as did the little girl. Other cases of scarlet fever subsequently developed in the same house, but I am not sure whether any other of the felidæ contracted the disease.

"Two years after, I was called to see a young man, aged twenty-eight, who had recently married and set up housekeeping in a tenement building on Avenue A. His family consisted of his wife and a pet terrier dog. The house had a bad reputation on the score of healthfulness; family after family would move in, contract some form of scarlatina, lose one or more children, and then move out. The newly-made family man had been domiciled there scarcely a week when he was attacked with scarlatina maligna, and died in forty-eight hours. The pet dog persisted in lying on the bed, as near the head of his master as he could get, all through his owner's illness; and, on the same day that his master died, was taken with convulsions, sore throat, rapid swelling of the glands of the neck, high fever, suppression of urine, etc., death closing the scene thirty-six hours after the convulsions which ushered in the attack. The train of symptoms manifested by the animal was so similar to that of his master that the mourning friends commented on the matter. I had no doubt then, as I have none now, that the dog died of scarlatina maligna. Subsequently, the house was thoroughly disinfected and renovated, and I am not aware that any peculiar fatality has since attended its occupants."

Even if the animals are not sick, they may convey the poison in their fur, as was suggested by Dr. Snow, whose opinions, as the originator of the whole doctrine of water-contamination in the conveyance of cholera, typhoid fever and other diseases, are entitled to the highest respect. Dr. Janeway has reported a case in which diphtheria was conveyed from New York to Florida in the fur of a toy rabbit. Dr. Williams, President of the Royal College of Veterinary Surgeons, and Principal and Professor of Veterinary Medicine at the Veterinary College, Edinburgh, says, p. 253 of his "Principles and Practice of Veterinary Medicine," republished by William Wood & Co.: "I can compare dog-distemper to no human disease except measles, and the points of analogy are very great. In both diseases catarrhal symptoms are manifested;

they are infectious; they generally occur but once in a lifetime; they chiefly affect the young; in almost all cases of distemper there is some *cutaneous eruption or rash* and desquamation of the cuticle: catarrhal ophthalmia, bronchial and pulmonary inflammation, and dysentery, are complications of both diseases," etc.—*New York Med. Jour.*

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

GASTROTOMY FOR RELIEF OF INTUSSUSCEPTION.—Dr. Carstens reported a case of a child, constipated and vomiting for six days previous to his seeing him. The child had been treated with physic and injections by other physicians, but to no purpose. He advocated operation, having diagnosed intussusception, as a long, hard swelling could be felt at the junction of the transverse and descending colon. The parents objected. Tried gas generated from tartaric acid and bicarbonate of soda, but unsuccessfully. No nourishment was retained but whisky and water, and sometimes a little gruel. Finally, under ether, an incision was made from the umbilicus down, but it was impossible to get the bowel back on account of the number and strength of the adhesions. The patient died. The doctor believed in operating right off in those cases; people were inclined to wait too long.

Dr. Babcock had successfully treated a case diagnosed as intussusception in a child, with drop doses of laudanum every five minutes till the child was thoroughly narcotized, and injections of water and milk every half hour kept up for twenty-four hours.

Dr. Inglis, referring to immediate operation, believed Dr. Carstens was on the right track if one were certain of his diagnosis.

Dr. Jennings: In some cases, spontaneous recovery has occurred with sloughing off and discharge of the invaginated portion of intestine.

DIPHTHERIA.—Dr. Hoyt reported incessant vomiting as one of the sequels in a case of diphtheria.

Dr. Jennings had had five cases of diphtheria in three weeks, four of the five invading the larynx; one in an adult with recovery.

Dr. Hoyt had recently under treatment a family where two of the children had follicular pharyngitis, and two genuine diphtheria.

Dr. Shurly: It is often difficult to distinguish between membranous sore throat and diphtheria. Clinically speaking, the diseases were identical. He thought it was the duty of the physician to give the community the benefit of the doubt.

A SPEEDILY FATAL CASE OF DIABETES.—Dr. Inglis reported a case of diabetes running a rapid course—five weeks from first complaining to death. The patient lost flesh at the rate of from one to two pounds daily. He first consulted the doctor for an intolerable thirst, supposing that he was suffering from fever. The patient five years previously had had a sunstroke, with severe headache several times since. In other respects he was always

healthy, with a magnificent physique. The patient suffered no pain, and had a remarkably slow pulse. Age forty-one. No treatment seemed to particularly influence the course of the disease.

Dr. Jennings referred to a case of diabetes in a school girl which he had previously reported. The disease was treated, but with no influence over its course, with codeia, ergot, bromide of potash, etc. The patient died in eight weeks.

Dr. Shurly thought one form of the disease was from brain trouble, either the result of softening or tubercular deposit, and was looking for the verification of this opinion in some post-mortem. Another form was simply dietetic, and still another malarial. We ought to regard the appearance of sugar as simply symptomatic. He would treat a case with perfect rest to the nervous system, seclusion in a dark room, ice to the head, and give large quantities of codeia or morphia. This treatment would be more rational than bran mashes.

Dr. A. F. Hoke read the following report of two cases of

IRREGULAR CONTRACTION DURING THE THIRD STAGE OF LABOR.—Cazeaux admits four distinct varieties of irregular or spasmodic contractions of the uterus: 1st, of the external orifice of the neck; 2d, that of its internal orifice; 3d, that of one or more portions of the body of the uterus; and 4th, spasmodic contractions of the whole uterus. The first is considered of little importance, as the constriction is easily broken up. The third and fourth are considered by most observers of rare occurrence, and, it is said, are usually found in the practice of beginners.

I do not design in this short paper to enter into a minute or detailed description of these different forms of irregular contractions, but simply to report two cases of the second variety which came under my personal observation.

November 17, 1883, was called by Dr. Kaiser to see Mrs. B., aged 32, multipara, who had been delivered of a male child four hours previously, by a midwife. We found, on my arrival, that she had flowed quite profusely, but that the flooding had now ceased. On making palpation, found the uterus extended slightly above the umbilicus, soft, flabby and ending in a slight constriction just above the pubis. Making a vaginal examination, I found, on following up the cord, that the hand passed readily through what seemed four or five inches of soft and flabby cervix; but, on reaching the internal os, one could readily find, what was evident from the external contour of uterus, a firm constriction at the internal os. Pushing the index finger through the constriction, I found the cord nearly separated at its junction with the placenta. Dr. K. administered chloroform to profound anæsthesia, when I broke up the stricture in the usual way, *i. e.*, by first introducing the index, then the middle finger, and so on until I was able to pass my whole hand to the fundus. The placenta was only partially separated, but the pressure of the hand in the uterus, supplemented by the external pressure of the other hand over the fundus, brought on a strong pain which separated the remainder and forced both hand and placenta from the uterus. But little blood was lost, and patient made a good recovery.

Dec. 4 was called by a midwife to see Mrs. R, multipara, who had been delivered of her fourth child three hours previously. I found, on palpation, the same condition as in case No. 1, but found, on vaginal examination, that the cord and a small portion of placenta were torn entirely away. Found same condition of long, flabby neck, and protruding through the stricture, at interval os, a small portion of placenta. Gave chloroform, dilated stricture as in preceding case, and found placenta entirely separated and about a pint of clotted blood above the stricture, which was removed. Firm contraction followed, and patient made a good recovery.

The causes of these irregular contractions, as enumerated by authorities, are various. Among many, predisposition in the uterus itself, improper manipulation, pulling at the cord, abuse of stimulating remedies, particularly ergot, may be mentioned. In the cases reported, I have no doubt it was due to defective management of the third stage. The midwives in charge, as—from my observation—is their custom, tried to complete the labor by strong traction on the cord. Traction not made in the direction of the axis of the superior strait is not very effective in delivering a placenta, even one that is detached, but one can easily conceive how pulling at the cord in the direction of the axis of the outlet, when the placenta is in the fundus, irritates the internal os, stimulating it to contraction, while the rest of uterus remains in a state of inertia. Crede's method (excluding, of course, predisposition) would, in all probability, have prevented the accident in both cases.

As Playfair aptly says, "If placental expression were always employed, if it were the rule to effect expulsion by expression instead of traction at the cord, I feel confident these irregular contractions, of the influence of which in producing hemorrhage there can be no question, would rarely, if ever, be met with."

Dr. Carstens had had only one case of hour-glass contraction, and believed that the Doctor was right when he said it was owing to neglect in the third stage of labor. When the child is born, stick to the uterus and compress it during the pains till the placenta is expelled, making but little traction on the cord.

Dr. Flinterman believed that most cases of retained placenta depended on a contracted pelvis. One patient he knew of always had a normal labor until the child was born, and then the uterus would contract, retaining the placenta, and followed by considerable hemorrhage, requiring its immediate removal by hand.

REMOVAL OF PLACENTA.—Dr. Bonning.—In the Lying-in Hospital, in Strasburgh, it is the custom to let the placenta come away by itself. In ninety per cent. of cases it would come away in half an hour. Out of three hundred cases there was only one of post partum hemorrhage, and he had not seen there a retained placenta or hour-glass contraction.

Dr. Utter followed the method advocated by Dr. Carstens.

Dr. Warner: Usually, where the case required, introduced the hand and gave a little twist, bringing the placenta away. Had never but once had a case of hour-glass contraction.

Dr. Deuel followed the same plan.

Dr. L. H. Johnson's practice was similar to Dr. Carstens', sometimes introducing the hand as Dr. Warner did. Had no bad results from such a method.

Dr. Jamieson always made pretty firm pressure over the womb while the head was clearing the vulva.

Dr. Carstens believed that hour-glass contractions were often the result of injudicious exhibition of ergot by midwives and others.

Under the head of prevailing diseases, Dr. Jennings reported a case of cerebro-spinal meningitis, Dr. Johnson a number of cases of whooping cough, Dr. Deuel tonsillitis, and Dr. Hoke measles.

Dr. Hoyt: In cases of podalic version, as soon as he could bring the body forward, delivered the head with the forceps. He inquired the usual practice.

Dr. Carstens kept the uterus firmly compressed and delivered quickly with the forceps as soon as the child's head engaged. Dr. Hoke, in addition to pulling down on the face, pushed up on the occiput. There was not much trouble in a breech presentation.—*Medical Age.*

ERGOT IN WHOOPING COUGH.

BY JOHN DEWAR, L. R. C. P., ETC., LONDON, ENGLAND,

Formerly Surgeon to Hospital for Women and Children, Vincent Square, Etc.

I am aware that in this disease a vast number of remedies are useful, but after a pretty extensive trial, both in hospital and in private practice, I believe ergot to be by far the best and safest. Up to the time when I began to use this drug I regarded the combination of bromide of potassium and tincture of belladonna, or sulphate of zinc and tincture of belladonna, as the best remedies with which I was acquainted, but they sometimes necessitated the belladonna being pushed to its physiological action before the disease would yield. That was sometimes not unattended with danger in young children, unless they were carefully watched, which cannot be easily done in hospital or dispensary practice.

I have now used ergot in whoopiug cough for several years, and it seldom fails to cure in two or three weeks. The cases that are longer in getting better are those complicated with bronchitis or troublesome bronchial catarrh. I give from five to fifteen minims of the fluid extract every three or four hours, according to the age of the child, giving a child three months old four or five drops every three or four hours, according to the severity of the cough. The benefit of the ergot is at once apparent, the fits of coughing occur less frequently and are not so severe when they do occur. I usually give it alone with a little sugar, or, better still, with glycerine. Mixed with syrup it does not keep more than a couple of days, fermentation taking place. It may be combined with other remedies, especially with the compound syrup of the phosphates, to complete the cure when there is debility.

What is the action of ergot in whooping cough? What must regard the spasmodic cough as due to reflex action, and that in its turn is induced by the peculiar condition of the blood, irritating the peripheral ends of the sensory nerves. Ergot dulls or paralyses these nerve ends, and so lessens and eventually prevents the spasms. The true pathology of whooping cough cannot now be considered doubtful, and most regard it as a germ disease. Only on that hypothesis can we explain its infectious nature. I do not here claim for ergot any specific power, but rather a physiological one. It may have a specific action, but of that I have no proof. However, of its power to cut short the disease there can be no doubt, whatever the theory of its action. This I have in hundreds of cases proved, nor is it necessary to give cases in detail, as all the cases would simply show a daily declension of the disease, till, at the end of a fortnight or three weeks, the cough quite ceases. In some rare cases I have known the cough to return when the ergot has been left off, so it may have to be continued for two or even three months; this, however is the exception. It may be given for months without producing any bad symptom. Under its action the appetite improves, as well as the general condition of the patient. On account of this tonic action I frequently give ergot in atonic and enfeebled conditions so often met with in women where anæmia is associated with a weak heart, inertia, etc. Dr. Allbutt has used it with great benefit in men who are worn out from worry, and who need bracing up. I have a similar experience.

As this is a short practical paper I shall not enter into a further discussion of the physiological action of ergot, suffice it to say that experimental and therapeutical evidence goes to prove that ergot has a sedative and not an irritant action.

More important to the practical physician than how ergot acts, is how is ergot prepared. Certain preparations are inert or nearly so, as the stale powder and the ordinary tincture. Alcoholic extracts are less powerful than aqueous ones. Most recent outhorities agree with Dragendorff in regarding sclerotic acid as the active principle, aud Ricitine in his experiments with sclerotic acid, has proved that acid to possess similar properties to ergot, especially the power of paralyzing the peripheral ends of the sensory nerves. Kohler confirms this view.—*Ther. Gazette.*

Phytolacca Decandra and Mint in Inflamed Mammæ.—A writer in The Therapeutic Gazette says: Mint leaves steeped and applied to the mammæ will at once arrest the secretion of milk, and a most remarkable thing in connection with it, is that its action is strictly confined to the breast to which it is applied, checking the secretion in one and leaving the other to perform its natural function.

The poke-root fluid extract taken internally and applied locally, I hold as a specific for inflamed breasts, if used prior to the supurative stage. If administered early, it will in twelve hours begin to give relief, and in thirty-six hours all traces of inflammation will have subsided and disappeared.

ABSTRACTS AND GLEANINGS.

California Laurel—Dr. Mann-Hammond, M. D., Kansas City, Mo., in Therapeutic Gazette, writes:

I regard the California laurel as a very valuable addition to the materia medica, although I have not seen much written upon it. But we are all slow to write what we know. We have pondrous volumes of theories and little primers of facts. I sometimes think the unwritten knowledge of medicine exceeds the written. Several of my medical confreres have, to my knowledge, been using this drug with marked success; but they are busy practitioners, who never write.

At the time I first employed the laurel, I was living in California. I made a number of experiments with the crude material, in rheumatism and nervous diseases. After the drug had been prepared as a fluid extract, Dr. Bundy, that indefatigable student, to whom we owe much of the knowledge of the remedies of the Pacific slope, in an article to the Therapeutic Gazette corroborated my experience, and added testimony to the value of the laurel in cholera morbus, dysentery, diarrhœa and summer complaints; also in convalescence from typhoid fever.

Since then I have employed it in so many cases of cholera morbus and dysentery that I could not enumerate them; and with such marked success in all, that it has come to be the first remedy thought of by me in all those sudden seizures incident to hot weather, the use of ice water, green fruit, etc.

Its action cannot properly be called an astringent. It is, rather, stimulant and anæsthetic. I give three drops of the fluid extract on sugar, dissolved in a little water, every fifteen minutes or half hour, and changing to an hour between doses when relief has been obtained. In a case of a lady in charge of another physician, dysentery had continued for three days with spasmodic abdominal pain, which the usual remedies had not relieved. I was sent for in the night, and after the second dose of California laurel had been taken the patient fell asleep.

It will shorten the congestive or chilly stage of chills and fever. I was having chills and fever, and during one of the chills the pain was severe, from the intense congestion, and I asksd to have a dose of California laurel administered. It gave such marked relief that I had the dose repeated in a short time. The congestion was completely relieved, a profuse perspiration set in, and, in short, the chill was broken. During the apyrexia I took quinine, so I cannot say whether the laurel has antiperiodic properties. But the relief it gave during the paroxysm and its shortening of the period of congestion gives promise of its being a remedy worthy of study in that connection.

California laurel is a great pain obtunder, with no narcotic or cumulative effect. Here let me say that the dose which I first recommended, and which Messrs. Parke, Davis & Co., have put on their labels, viz., ten to thirty drops, I think too large. I now use

from three to ten drops at a dose. In making a prescription, glycerine or simple syrup should be used as a vehicle.

In conclusion, I will say, I have used this drug in rheumatism, in all forms of neuralgia, nervous headache, cerebo-spinal meningitis, cholera morbus, cholera infantum, diarrhœa, dysentery, bilious colic, dysmenorrhœa, until I could write a monogram on each disease, made up of cases in which California laurel was the chief remedial agent.

Physicians should use California laurel more freely than they do, and freely report their experience, in order that the virtues and peculiarities of this valuable drug may be thoroughly canvassed. I most respectfully request that any physician who has used it at all, please drop me a postal card giving his name and address.

1307 Walnut St.

The Bromide of Sodium vs. Like Salts of Potassium.—In an article in the Lancet of December 22d, 1883, T. J. Hudson, M. B., L. R. C. P., London, discusses the comparative merits and demerits of the bromide of iodide of sodium and potassium. He concludes from physiological experiments and clinical results that the sodium salts are to be preferred to those of potassium when it is desired through them to secure the characteristic medicinal properties of bromine and iodine on the system.

He proceeds to give the results of his clinical experience in the use of these two salts at the Leeds Public Dispensary. In pertussis, eighty-seven cases of which were treated, he found the best results from the bromide of potassium, owing to its greater depressant action on the cerebrum, etc., and should give it in preference, unless great weakness already exists, as in rickety children and others. In women approaching the menopause and suffering from the usual train of nervous symptoms, with abdominal and cranial pains, tinnitus aurium and flatulent dyspepsia, the sodium salt in half-drachm doses causes less depression and sinking than the potassium salt, and the dyspepsia is relieved and soon cured. In the weary muscular pains following severe straining, as after diarrhœa, the sodium salt is of great comfort, and brings on no return of the looseness, as the potash salt often does. In the various forms of headache, neuralgia and nervous excitement where a hypnotic is needed, the sodium salt in large doses is followed by little or no sign of lassitude, nor signs of weakness, as is often seen after potash. This applies also to insomnia from whatever cause arising, and to puerperal mania with great depression. Moreover, the hypnotic action not being so great as that of the bromide of potassium a larger dose (one-fifth) is always given in these cases. It is also useful in incipient and pronounced delirium tremens, also in hysteria and chorea, and is longer than potassium salt in making a decided impressien when pushed in these cases. In severe cardiac cases, where pain and insomnia threaten to bring on dementia, and also in cardiac cases complicated with epilepsy, where a depressant and toxic action of the potassium salt is to be feared, fifty to eighty grains of sodium bromide may be given without affecting the heart muscle to any extent, this being given for many nights.

In the irritable and palpitating heart without organic lesion, as in excessive tea and coffee drinking, and when of dyspeptic origin, the bromide of potassium is to be preferred. In epilepsy the sodium salt may be administered from eight to ten months, in his experience, with far less toxic signs, or those of depression, than complicate the action of the bromide of potassium.—*Therapeutic Gazette.*

Tonga.—In an obstinate case of neuralgia Dr. Oak, (in Therapeutic Gazette) says:

I had thought of the new remedy "tonga" several times during my experience with this case, but as there was none in the drug store in this place, did not have a chance to try it. As the case was growing worse all the time I secured a supply from a neighboring town, of which I gave a teaspoonful every three hours. By the time the third dose was taken the pain was all gone. Ordered the medicine continued in teaspoonful doses, three times a day until all was taken. About three weeks after the medicine gave out, the neuralgia returned. A return to tonga caused it to promptly disappear.

Case 2. F. M., æt, about 30 years. Neuralgia of the supraorbital branch of the fifth pair on the left side. The pain in this case was intense. Had not slept any during the night previous to my call. Left eye swollen, and inflamed. Prescribed an ounce of fld. ext. tonga, to be taken in teaspoonful doses until relieved. Saw him on the street next day when he told me that by the time the third dose was taken all pain had disappeared.

Tincture of Gelsemium Hypodermically in Convulsions.—A writer (in American Medical Journal), reports a case of convulsions in a child of eighteen months of age, who had fallen twenty feet, striking the head upon a brick pavement. The child was picked up limp and unconscious; for twelve hours it lay in continuous spasm, with insensibility, jerking of the facial muscles, arms and fingers. Eight drops of the green root tincture of gelsemium was then administered hypodermically into the thigh. In fifteen minutes all spasms ceased, and the child rested quietly for six hours. At the expiration of this time the covulsions again returned and continued without abatement for three hours, at which time I arrived and repeated the injection as before.

In a few moments the spasms again ceased and the child rested quietly. After the second injection there was no further trouble in administering medicine per orem, and recovery was finally complete.

The action of gelsemium upon the nervous system is marked. In large doses it produces giddiness, dilated pupil. and sometimes a peculiar swimming of the head. It is a powerful relaxant to the muscular system, and it diminishes rapidly the circulation; for this last property it is highly esteemed in hyperæmia of organs, especially of the brain and uterus. It is a valuable arterial sedative, controlling the circulation by its influence upon the vaso-motor nerves. In convulsions due to excess of blood in the medulla oblongata or

pons varolii, or in congested states of the uterus, the hypodermic use of gelsemium has proved highly satisfactory.

I do not hesitate to administer large doses in such cases. From half to one drachm of the green root tincture in adult cases—doses sufficiently large to produce complete muscular relaxation. I have never had any bad results following, no abscess, not even redness at the point of insertion.

I am pleased to know that we have an agent that can be used hypodermically with such comparative safety, so potent in its action, and an agent that will bring the answer so surely.

Chancres and old Sores.—Soft and hard chancres are successfully treated by applying the following mixture:

℞ Salicylic acid, iodoform.....aa ʒss,
Cannabis indica (solid).....gr. x,
Surgical collodion.....ʒ j.

M. Collodion will dissolve salicylic acid readily, and iodoform slowly. In using this, shake well and apply with a small brush, immediately to the chancre or sore. It dries immediately, and completely protects the part. This will effectually destroy the specific character of the sore, and a kindly action, healing process, is set up at once. A slight burning sensation is experienced when we make the application, but this is soon followed by a cool, agreeable sensation; and when we examine the part carefully, and come to handle it, we find that a condition of partial anæsthesia exists. The application should be repeated as often as it is thrown off, which will be every two or three days. This is not only a convenient plan of treatment, but it is generally quite successful. Where the ulcers do not heal readily under this treatment, we may omit for a few days and dress with Mayer's ointment.—*American Medical Journal.*

Incubation of Infants.—The Medical Press, February 27, 1884, says:

The results obtained by the aid of an incubator for rearing infants have just been published by M. Auvard, resident at the Maternity Hospital, in his Archives de Tocologie. The first incubator was used in Paris by M. Tarnier, and consists of a large wooden case divided into two portions, the lower of which containg warm water, while the infant is placed in the upper one.

At first the incubator was heated by means of a thermo-syphon, but this system has been abandoned, fearing that through the negligence of the attendants the lamp would be left alight too long. The apparatus is now heated by filling the reservoir witn boiling water both morning and evening, and thus a mean temperature of 30–32° C. is kept up. The child is clothed in the usual garments, because, if the skin was in contact with the air at a temperature of 32° C., it would lose some of the animal heat, and when taking out the infant to feed it, the danger of cold would be very great were it unclothed. Among the different cases (151 in number) in which the incubator was used, there were 93 infants which were born

prematurely. Of these 31 died. M. Auvard based his statistics on the weight of the children, and discovered that among those who weighed less than 2,000 grammes the death-rate was at the "Maternite," 66 per cent.; at that of Paris, 65 per cent.; while in those places where the incubator was used, it was only 38 per cent. In the treatment of œdema, which is a serious infiltration of the tissues caused by the bad state of the infant when born, and the rigors of the exterior temperature, and in which, as a rule, 16 out of every 20 cases die; when the incubator was employed, only 4 of the 25 placed in it failed to recover. It has has been said that children brought up in this way die when exposed to the outer air, but such is not the case, as M. Auvard conclusively proves. It has also been stated that immature children placed in the incubator only live one or two months, viz: until the time arrives in which they ought to have come into the world; but this objection is not founded on any scientific basis, and is therefore not of any value. M. Winckel, of Dresden, has started a new theory of permanent baths, but we have not investigated it sufficiently to form any opinion.—*Med. and Surg. Reporter.*

A New Method of Removing Nasal Polypi.—In the Canada Medical Record, February, 1884, Dr. William Ralph Bell says:

"I take the liberty of bringing the mode of treatment before the notice of your readers, which I have practiced with the very best results in several cases. It obviates any trouble from hemorrhage, which is frequently the case when the forceps or hook is used; it is painless and very simple. I get my patient to blow strongly through the effected nostril, closing the other with his finger. The polypus will be brought down so that it can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and inject ten, fifteen or twenty minims of solution, according to size of tumor. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain, and looks like a clot of dry blood, my patients usually removimg it by blowing the nose or by their fingers. In only one case, that of an old lady, had I occasion to remove it myself, and in her case I think she was afraid to do so, for when I seized it wifh a pair of dressing forceps, I required to make no traction to bring it away."—*Med. and Surg. Reporter.*

How to Take a Pill.—With many patients the swallowing of a pill is a very difficult matter. Why this should be so is somewhat difficult of explanation, inasmuch as these same patients will readily swallow a pea of the same size as the sugar-coated pill, in the deglutition of which they experience so much difficulty. Dr. Wills suggests a method in the Medical and Surgical Reporter, which he says he has used for several years with success, and which may be new to many of our readers. Having noticed that if a person at meals inclined the head backwards, as in laughing, while there was food in the mouth, he was pretty sure to be

strangled from the "food going the wrong way," Dr. Wills instructed those of his patients who had difficulty in swallowing pills to keep the head in the position it would occupy if they were eating and swallowing food at the table—that is, the head inclined forward and the chin near the breast, and kept in that position. If a small portion of saliva be on hand, or a small quantity of water taken after the pill is taken into the mouth, it will surprise the patient and gratify the doctor, he says, to witness the facility with which it will be swallowed. He has found that to direct the patient to keep his eyes on his toes while swallowing, will succeed in keeping him from throwing his head back.—*The Therapeutic Gazette.*

Bromide of Arsenic in Diabetes.—The Journal de Medicine et de Pharmacie de l' Algeri tells us that this drug has been employed four times successfully by Dr. Arpad Bokai. He prepares as follows:

Mix the following in a glass tube:

Arsenious acid } .....aa gr. j.
Carbonate of potassa }
Distilled water... .....5 drops.

Heat to limpidity and add enough distilled water to make 10 grammes. Add four drops of bromine and let the mixture stand for a day, when it is ready for use.

A diabetic, 22 years of age, who at the time of his admission to the clinic, could hatdly mount the staircase, was entirely relieved in a little less than three months. In that interval he gained in weight 8 k., 100 gr., and the proportion of glucose, which had varied between 170 and 111 grammes a day, was reduced to 0. During the last days the medicine was suspended and the patient nourished with rice.

The patient was submitted at first to a strict diet for 17 days, which diminished the proportion of sugar to about one-half. He then received the bromide for 11 days in three-drop doses, which was increased to 6 drops a day, in consequence of which the proportion of sugar diminished rapidly, and the analysis gave only traces. After introducing certain modifications to the diet, a small quantity of sugar was noted in consequence for 27 days Five drops of the bromide was given, and 150 grs. of rice added to the diet list. Finally the drug was abandoned, the diet restrictions removed, and the patient discharged relieved.—*In American Medical Association.*

Investigations into the Physiological and Therapeutic Properties of Trinotrine.—M. Marieux has studied the effects of this drug, (Bull. et Memoirs de la Soc. de Therapeutique) in 23 experiments made on guinea-pigs, frogs, rabbits and dogs, and on man These experiments were made in the presence of M. Dujardin-Beaumetz, and with the assistance of MM. Eloy and Huchard, with the following conclusions:

1. Trinitrine acts on the brain by producing phenomena of congestion.

2. It accelerates the heart beat, dilates the peripheral vessels, and diminishes arterial tension.

3. This vascular dilatation seems to depend upon a paralysis of the great sympathetic.

4. It acts but feebly upon the respiration, which becomes irregular.

5. It has but little effect upon the secretions.

In toxic doses :—

1. It produces, in the lower animals, clonic and toxic convulsions.

2. With the rabbit and dog, the toxic dose is variable, but is very large in all cases.

3. In man it commences with 10 drop doses of the alcoholic solution.

In the therapeutic application :—

1. It is indicated in all cases where cerebral anæmia might lead to fatal results.

2. It gives good results in rebellious neuralgias of anæmic origin.

3. Its most marked action is in angina pectoris.

4. It is of no use in diseases of the kidneys or lungs.

5. It is contra indicated in all affections where there exists active or passive cerebral congestion.

6. It can be administered very satisfactorily in 4 to 6 deop doses of the alcoholic solution of 1 to 100, in the 24 hours, either as a potion or in hypodermic injections.

7. When compared to the action of nitrite of amyl, it is less prompt and less sure, but its effects are more enduring. In many cases it would be well to combine the two—*In American Medical Journal.*

Mastitis.—The situation as regards broken breasts may be summarized thus: 1. The doctor is often not called until thirty-six or forty-eight hours after inflammatory trouble has commenced. 2. He does not know what to do after he is called. 3. He poultices the breast too much, all treatment being local and not affecting materially anything but the skin. Now if this were different and the doctor enquired after the breast three or four days after delivery, and the moment the patient complained of soreness about the nipples order a shield and tube for the infant, and at once apply adhesive plasters in such a way as to relieve the gland from the tension of its own weight, inflammation and supuration might be prevented. If, however, the soreness has existed three or four days and the patient has chilly sensations along her back and there are hard painful lumps in the glands, he may accomplish good by resorting to the afore-mentioned methods, and, in addition, thrusting a very sharp bistoury into and through the indurated lumps. If pus is found the incision may be enlarged to admit good drainage as the bistoury is withdrawn; if not the resulting hemorrhage will generally relieve the vascular engorgement. The bowels should be opened by a saline preceded by a mild mercurial, say 10 gr. of calomel in two doses, three hours apart. Opium should

then be given for the same reason that it is given in other inflammatory affections. When suppuration has occurred before the doctor is called, free incision of the abscess should be performed and the wound dressed with absorbent cotton moistened with a solution of corrosive sublimate, one grain to the pint of water. It is better to make free openings with the knife than to annoy the patient by deluging putrefying abscesses with antiseptic solutions. The daily use of a syringe for this purpose irritates the patient more than a good free cut made but once.

The aim should be to give the gland as much physiological rest as possible, and while belladonna may be able to arrest grandular activity in a physiological sense, practically it can do nothing of the kind while the baby is tugging at the other breast or while the maternal impulses are encouraging the gland-cells to make the most of the blood that is being supplied to them. It is better to look at the matter as it is, and not be satisfied with treatment which is theoretically sound, but has been found in practice of no use. The firm and uniform pressure imposed by properly applied adhesive plasters does more to accomplish physislogical rest for the mammary gland than any drug that has heretofore been employed.—*The Medical Age.*

Experiments With the Sputa of Phthisical Patients.—M. Vignal has been trying some experiments with the view of ascertaining whether the sputa of phthisical patients, as found in the streets, still contained bacilli. He collected a certain quantity of such sputa, and submitted it to desiccation: he then moistened it, and let it dry again at different times, so as to place it as much as possible in the condition in which it would be found in ordinary circumstances in a room. He discovered that sputa thus treated contained bacilli as numerous and as well formed as if they had just been expectorated. He inoculated two guinea-pigs with the matter; one of which died in a few days, from obstruction in the bowels, and he could not, in consequence, come to any conclusion. But the second animal, though it increased in weight during the first few weeks subsequent to the injection, afterwards began to lose flesh, and died in about three months. At the autopsy it was found that in all the organs there were a great number of tubercles which contained bacilli. M. Vignal concludes that sputa of phthisical patients, as found on the ground, in the streets, or in apartments, are far from being inoffensive, and might become agents of contagion to persons predisposed, or in whom the bacilli would find a favorable soil for propagation.—*Pop. Science News.*

Common Sense in the Lying-In Room.—The following from an old veteran, who expresses himself in a letter to the Medical Record, sounds a little odd at this particular time, so soon after the discussion before the New York Academy of Medicine. It will, nevertheless, strike many as being very sensible: "My boy," says the old sage, "I am an old man; I have practiced over fifty years, and, as you are aware, have been very successful. In regard to your labor cases, I would give you the following advice: "First,

as you intend practicing in the city, make a habit of leaving your forceps at your office; for if you ever require them you will always have ample time to send for them, and your not having them with you may save some woman much trouble. Second, do not examine your patient much or often. See that things are right, and then let nature manage the case. Third, instruct your patient when she desires to empty bladder or rectum, to have her night-glass conveniently placed, near the bed in a chair, and, while supporting the abdomen with her hands, to rise carefully from her bed to the stool; and to return in the same way. Her rising will allow all clots, fragments of placenta, etc., to pass from the vagina, and you will be surprised to see how few cases of puerperal fever you will be troubled with. As for its bringing on hemorrhages, that is all bosh. Let your patients keep the outside of their bodies clean, attend to the calls of nature in a common sense way, and depend upon nature to keep the inside all right, and you will be surprised at your success in this line of practice."—*The Medical Age.*

Santonine.—We usually think of santonine as a vermifuge only, in which it stands at the head of its class; but it has other important properties. I will not tarry now to discuss how or why it has a peculiar influence over the bladder, which renders it so efficient in overcoming, in some special cases, that severe burning and scalding sensation and tenesmus of the bladder, but only stop to say, in addition, that in some cases of retention of urine, a few small doses of santonine will prove to be the remedy par excellence.

HYPOSULPHITE OF SODA.—Last but not least, I wish to notice briefly hyposulphite of soda.

Standing as it does in the list of alkalies, and fulfilling their general indication, yet it seems to subserve a special purpose of its own. If we have acid fermentation in the stomach, indicated by acid eructions, coated tongue, or rather furred with a white or greyish-white or dirty color, accompanied, in children especially, with colic and green acrid discharges of the bowels, we naturally think of alkalies. If our patient is suffering with boils or abscesses of the cellular or muscular tissue, we say lime is the remedy, as it is the salt which preserves these tissues; or, if the coating of the tongue is a clean white, in the absence of any destruction of tissue, we use bicarbonate of soda, believing that through its influence on the blood it influences nutrition as well as antidotes the acid; but when we have the dirty gray or brown color, tongue pallid and broad, accompanied with foul breath and fever, then the antizymotic influence of hyposulphite of soda will correct all, and lead our patient out into the sunlight of health and happiness.—*Amer. Med. Digest.*

The Best Time for Administering Medicines.—Before or after meals? Such is the question often asked of the doctor, but the answer is not always ready. The Midland Medical Miscellany answers it as follows: Medicines that are irritating should be given after meals, when the stomach is full, viz.: the salts of copper,

zinc, iron and arsenic, in large doses. Small doses, intended to act on the stomach terminals of the vagi, must be given when the organ is empty. Chemical reasons also have their influence: thus, oxide and nitrate of silver, intended for local action, should appear in the stomach during its period of inactivity, lest, at other times, chemical reactions destroy the special attributes for which these remedies are prescribed. Iodine and the iodides further illustrate this point. Given on an empty stomach they promptly diffuse into the blood, but if digestion is going on, the acids and starch form products of inferior activity, and thus the purpose which they were intended to subserve is defeated. Substances prescribed to have alvinel action on the mucous membrane, or for prompt diffusion unaltered, are preferably given before meals. The condition of the stomach veins after meals is such as to lessen the activity of diffusion of poisons, and hinders their passage through the liver. It follows that active medicaments in doses near the danger-line, are more safely administered after meals.

When shall acids and alkalies be given, before or after meals? First, as to acids. When acids are prescribed with the view to check the excessive formation of the acids of the gastric juice they may be given before meals—as, by the laws of osmosis, they will determine the glandular flow of the alkaline constituents of the blood. The same reasoning would hold good when the alkaline condition of the blood is in excess; osmosis being favored, the acid would reach the blood more readily. Second, as to alkalies. These may be given just before meals, when the acid forming materials in the blood diffuse into the stomach glands, and after digestion is completed, when the alkalies diffuse directly into the blood, without interference from the contents of the stomach. An alkali taken during the time when the reaction of the stomach juices should be strongly acid, must necessarily hinder, if not arrest, the digestive process for the time being. The metallic salts—notably corrosive sublimate, alcohol, tannin and some other agents—impair or destroy the ferment, or digestive power, of pepsin. Wine that is intended to act as a food, is most beneficial when taken slowly during the course of the meal. The objection as regards the ill-effect of alcohol on pepsin is not applicable here, except to the stronger spirituous wines in large quantities, for the ordinary medicinal wines do not have sufficient alcoholic strength to injure this ferment. Iron, phosphates, cod-liver oil, malt and similar agents should, as a rule, go with food through the digestive process, and with the products of digestion enter the blood.—*Med. Age.*

The Bed Pan in Child-bed.—"An Old Practitioner" (in Med. Age) remarks: "Great stress is laid by many on keeping the woman rigidly on her back for a week after delivery, and to that end the bed-pan is to be employed. The bed-pan is one of the devices of the devil and should be exorcised from the lying-in room with the arch-fiend who conceived it. Let the woman sit up when she desires to evacuate either rectum or bladder. Nature never designed that man, male or female, should lie down on

his back to defecate or urinate, and, in the case of the lying-in woman, to have her assume this position for either of those acts, is to deprive her of one of Nature's means of prophylaxis against the dangers to which she is liable. Seat her on the vessel, and thus give her the combined assistance of gravitation and abdominal contraction in ridding the uterus and the vagina of the debris, which, undergoing decomposition, gives rise to the septic matter, which, when absorbed, gives us puerperal fever, or puerperal septicæmia—synonymous terms, in my opinion. The vaginal injections, the necessity of which is insisted on by some, I regard as a piece of meddlesomeness which should be mentioned only to be condemned. They not only disturb the woman, but they remove from the vagina the lochia with which a kindly and beneficent Nature has bathed the parts, as with a poultice, to soothe the injury she has done in the violence of her efforts to unload her precious cargo.

Treatment of Placenta Prævia.—He objects to the prevailing custom of rupturing the membranes; he, on the contrary, maintains their integrity as long as possible, and for that purpose *introduces aceptically prepared sponges* into the uterine segment as a hemostatic. The advantages for both mother and child, are:

1. A uniform, harmless and simple appliance in all cases of placenta prævia (except in abortions up to four months).

2. Immediate and durable arrest of bleeding, while labors are being induced at the same time, until the os is amply dilated; prevention of post-partum hæmorrhages by the increase of uterine involution.

3. Preservation of the membranes until complete dilatation of the os tincæ; prevention of laceration of the cervix, in case turning should have to be resorted to; also, greater safety for the child.

4. Preservation and husbanding of the strength of the patient from the very beginning of this treatment; lessening the danger of a collapse, so often the result of former methods of treatment.—*Volkmann's Samuel Klin. Vortage.—St. Louis Medical and Surgical Journal.*

Renal Calculus.—Dr. Jourdan (in Philadelphia Medical and Surgical Reporter) writes: Mr. D. V. D., æt. 27, of billious temperament, began to complain of dull aching pain in the lumbar region in June, 1883. Being hard-worked mentally, and of a very sedentary habit, I attached little importance to his frequent, yea, almost constant complaints, till in October, when he was taken down with nephritic colic. This was relieved in the usual way with morphia hypodermically, etc. Contrary to the rule in a majority of these cases, the attacks recurred again and again. Confirmed, then, in the opinion that I had an impacted, or, at least, a calculus in the kidney to deal with, I gave him all the usually prescribed remedies for the solution of the stone. But my hopes were blighted every time, till, in January, 1884, I concluded to order Lithiated Hydrangea (Lambert & Co.). I prescribed it in drachm doses four times a day. The patient, who, by the way, is a stu

dent of medicine and very intelligent, expressed himself in a few days as feeling better. He had only one attack of colic during the time he took the first bottle, and when he had used the second bottle he had a very light attack, in which he passed a skeleton-stone, *i. e.*, a mere shell. He is still using the medicine, but has had no return, and to all appearances is well. He used the Hydrangea in one other case with favorable results.

Well do I remember, some years ago, of attending on Mr. F., æt. 40 years, German descent, usually healthy, strong and robust, but then suffering with severe pleuro-pneumonia, and most intensely with the pleuritic stitch, which was so interfering with respiration as to be alarming at times; and after prescribing the usual sedatives, aconite and veratrum for fever, with full doses of Dover's powder and morphia to control the pain, and feeling confident of early relief, I repaired to the country. But some hours after my visit, instead of the expected relief, the pain in the chest became more severe and the interference with respiration more alarming, and another physician, my friend T. G. Matheny, was called to administer to him until my return. His prescription was tinct. bryonia and tinct. asclepias aa gtt., xx.; water ℥ iv. M. Sig. One teaspoonful every thirty minutes until pains were relieved, and every hour thereaffter.—*Amer. Med. Digest*

Lobelia.—Let us hastily glance at this, another of the nauseant and emetic medicines, when given in full doses. Like its relative, ipecacuanha, its physiological is different from its drug effect. Given in cases of difficult or oppressed breathing, suffusion of the face, congestion, and especially in mucous rattling of the bronchial tubes, small doses of lobelia will improve innervation, give energy to the oppressed organs, and enable them to throw off the congestion and over-supply of mucous secretion; while in a little larger doses short of its emetic effect, it is an excellent antispasmodic in croup, asthma, and, in the hands of the obstetrician, proves a kind and valuable remedy in overcoming the rigidity of the undilutable os uteria, when given in one-drop doses, repeated every fifteen or twenty minutes.—*Amer. Med. Digest.*

A singular co-incidence connected with the death of Dr. Lunsford P. Yandell, was the following: On the day of its occurrence he related to a brother practitioner the case of a patient to whom he administered a dose of choral for the relief of a painful affection of the heart. It relieved him for a few moments, but he then fell back in his chair and died. Dr. Y., thought the death was too sudden to have been caused by the chloral. In describing the case he imitated the actions of the dying man, falling back in his chair and throwing his arms about. He was himself subject to angina pectoris and a few hours later had an attack for which he also took a dose of chloral, experiencing a momentary relief from pain, and then, falling back, his spirit went out.—*The Medical Age.*

A Bird's Appetite.—Dr. Wood says: "If a man could eat as much in proportion as a bird, he would consume a whole round of beef for his dinner. The redbreast is a most voracious bird. It has been calculated that, to keep a redbreast up to its normal weight, an amount of animal food is required daily equal to an earthworm fourteen feet in length. Taking a man of average weight, and measuring bulk for bulk with the redbreast, I tried to calculate how much food he would consume in twenty-four hours, if he ate as much in proportion as the bird. Assuming a sausage nine inches in circumference to be a fair equivalent of the earthworm, I find that the man would have to eat sixty-seven feet of such sausage in every twenty-four hours. I mention this in order to illustrate the amount of work which is done by insect-eating birds.—*Pop. Sci. News.*

The Simplest and Safest Method for the Rrdical Cure of Hemorrhoids.—The London Med. Record, May 15, 1883, says that Scarenzio recommends (Renaiconti del Regie 1st Lomb., 1882,) the elastic ligature in preference to all other and more complicated methods, as being the safest and most effectual for the removal and radical cure of hemorrhoids. Its gradual action allows time for the formation of a firm clot in the veins, and the mass separates after two or three days, leaving a simple citatrized wound. The pain caused is trifling, and only lasts a short time. he has operated often by this method, and has never seen any bad effects follow.—*Med. & Surg. Reporter.*

Remarkable Recovery.—Dr. J. C. McMillan, in N. Y. Med. Record, reports the history of a man, an engineer, who had received a cut in the abdomen during a fracas. The cut was 4 inches long, near the umbilicus, and extended into the peritoneal cavity. The intestines were protruded, and the small intestine cut half through in one place. The patient had lain in the road for four hours before Dr. McMillan saw him, and the protruded bowels were covered with dirt. He was taken to a house, anæsthetized, the intestines cleaned with luke-warm water, the small intestine sewn up with silk suture, and the abdominal wound closed. The patient was well and discharged in two weeks.

Digitalis as an Anaphrodisiac.—Dr. N. L. Folsom reports in the Medical World on the effects of digitalis in the allaying of sexual appetite. Administered in ten-drop doses, three times a day, he declares that it will effectually overcome the imperious passion. It may be necessary to increase the dose to a teaspoonful in some cases. If it shall do in the hands of others what Dr. F. claims for it, the discovery will prove to have been an important one.—*Med. Age.*

"Doctor," said the grateful patient, seizing the physician's hand, "I shall never forget that I owe you my life." "You exaggerate," mildly replied the disciple of Æsculapius, "it would be exactly correct to say that you owe me for fifteen visits, and you will please not forget this fact."—*The Medical Age.*

SCIENTIFIC ITEMS.

Mending a Submarine Cable.—When a submarine telegraphic cable is accidentally broken, the distance of the break from shore can be determined with great precision by electric tests; but those who are not familiar with the business naturally think that fishing up the broken thread in the midst of the ocean must be a feat equal to the proverbial "finding a needle in a haymow." The ease and certainty with which the thing is done is, indeed, amazing; but we get used to scientific wonders nowadays. Some time ago one of the lines of the Anglo-American Company was caught without trouble, at a depth of two miles and a quarter, near the middle of the Atlantic.

The machinery used for picking up a cable consists of a rope, about an inch and a quarter in diameter, made from the strongest hemp with interwoven wires of fine steel. The grapnel at the end is merely a solid shaft of iron some two feet long, and weighing about a hundred pounds, and prolonged into six blunt hooks, which much resemble the partly closed fingers of the human hand.

In picking up the cable in deep water, the vessel, after reaching the waters near the break, lets out her rope and grapnel, then takes a course at right angles to the cable, and at some distance from the fracture, so that the broken ends may not slip through the grapnel. The grapnel-rope is attached to a dynamometer, which exactly measures the strain on the rope, and shows unerringly when the cable has been caught. If the grapnel fouls a rock, the strain rises very suddenly to a high point; but, the exact weight of the cable being known, the dynamometer signals by the steady rate of increase its hold on the cable far below.

The splicing of the broken cable is a work of great delicacy and skill, but, when accomplished by trained fingers, the spliced part can scarcely be distinguished from the main cord.—*Pop. Sci. News.*

The Achromatic Microscope.—Oliver Wendell Holmes, in an address to the Harvard Medical School, referred to the achromatic microscope as having "created a new era in medical science," to say nothing of its great services in other departments of knowledge. He illustrated the power of the instrument strikingly by saying, while a scrap of human skin was under the glass, that the fragment thus magnified represented an individual just one mile in height. He would ten times overtop the loftiest of the pyramids, and twenty times the tallest of our steeples. His breadth and thickness being in proportion to his height, his weight would be one hundred and twenty billion pounds, equal to sixty million tons. "He could take our State House up as we would lift a paving-stone," the Doctor added, "and fling it into the waters beyond Boston Lighthouse."—*Ibid.*

Carbonic Acid and the Devil.—When Friedrich Hoffman discovered carbonic-acid gas, and traced its effects on animal life, he was denounced by more than one German university as hostile to religion, and verging toward atheism. Three or four students at the University of Jena, in the attempt to raise a spirit for the discovery of a supposed hidden treasure, were strangled or poisoned by the fumes of the charcoal they had been burning in a close garden-house of a vineyard near Jena, while employed in their magic fumigations and charms. Only one was restored to life, and, from his account of the noises and spectres in his ears and eyes as he was losing his senses, it was taken for granted that the bad spirit had destroyed them. Hoffmann admitted that it was a very bad spirit that had tempted them, the spirit of avarice and folly; and that a very noxious spirit—gas, or *geist*—was the immediate cause of their death. But he contended that this latter spirit was the spirit of charcoal, which would have produced the same effect had the young men been chanting psalms instead of incantations, and acquitted the Devil of all direct concern in the business. The theological faculty took alarm; even physicians pretended to be horror-stricken at such audacity.

Pressure in a Diving-bell.—A diving-bell allows us to perceive a sudden increase of pressure, but not by the ordinary sense of touch. The hand does not perceive the difference between fifteen pounds per square inch, pressing it all around, and seventeen pounds, or eighteen pounds, or twenty pounds, or even thirty pounds per square inch, as is experienced when you go down in a diving-bell. If you go down five-and-a-half fathoms in a diving-bell, your hand is pressed all around with a force of thirty pounds to the square inch, but yet you do not perceive any difference in the sense of force, any perception of pressure. What you do perceive is this: Behind the tympanum is a certain cavity filled with air, and a greater pressure on one side of the tympanum than on the other gives rise to a painful sensation, and sometimes produces rupture of it, in a person going down in a diving-bell suddenly. The remedy for the painful sensation thus experienced, or rather I should say its prevention, is to keep chewing a piece of hard biscuit, or make believe to do so. If you are chewing a hard biscuit, the operation keeps open a certain passage, by which the air-pressure gets access to the inside of the tympanum and balances the outside pressure, and thus prevents the painful effect. This paintul effect on the ear, experienced by going down in a diving-bell, is simply because a certain piece of tissue is being pressed more on one side than on the other; and when we get such a tremendous force on a delicate thing like the tympanum we may experience a great deal of pain, and it may be dangerous; indeed, it is dangerous, and produces rupture or damage to the tympanum unless means be adopted for obviating the difference in the pressure; but the simple means I have indicated are, I believe, with all ordinary healthy persons, perfectly successful.—*Nature.*

Subscribe for the SOUTHERN MEDICAL RECORD.

PRACTICAL NOTES AND FORMULÆ.

Carbolic Acid Injections in Hæmorrhoids.—Dr. J. W. Girrard, of Winchester, Tenn., asks, in the March number of the Therapeutic Gazette, for information in regard to the carbolic acid treatment of piles. I would say that I have used it in several cases with favorable results and no accident. Here is the formula that I use:

℞ Acidi carbolici,
Napthalini, ... aa ʒ j.
Morphinæ acetatis,
Hydrast. sulphatis, ... aa gr. j.
Aquæ dest., ... ʒ iij.

Mix. ft sol.

Sig. Inject into tumor through the base every four days till cured.

As a local anæsthetic:—

℞ Etheris sulphurici ..... ℥ ij.
Camphoræ ..... ℈ ij.
M.

As an ointment:—

℞ Acidi tannici,
Hydrarg. chlorid. mitis, ... aa ʒ j.
Ol. lini,
Ol. origani, ... aa ʒ ij.
M. Sig. Apply externally.

Let the doctor try this and he need not be afraid of any dangerous results.

—*Therapeutic Gazette.*

Glycerine in Febrile Conditions.—M. Semmola has found glycerine of great utility in fevers of long duration, like typhoid fever, in arresting denutrition, and limiting febrile consumption. It is particularly indicated when it is feared that the administration of alcohol, so common to-day, may have too exciting an action on the nerve-centres.

M. Semmola recommends the following mixture:

℞ Glycerin. pur., ... ℥ j.
Ac. citric., ... gr. xxx.
Aq. destil., ... ℥ xvj.

M. One or two tablespoonfuls every hour.—*Med. and Surg. Rep.*

Scarlatina.—In a child, say three or four years old, we would take :

℞ Tr. aconit. rad.,.....gtt. ij.
Tr. belledonna.....gtt. iij.
Aquæ.....℥ jv.

M. Sig. One teaspoonful every hour. A warm bath morning and evening. After each ablution a thorough inunction all over with

Adipis.....℥ jv.
Quiniæ sulph.....℥ j.

M.

—*Amer. Med. Journal.*

Dr. Mittauer's Aperient Mixture (Alkaline Mixture of Aloes.)—

℞ Aloes.....2½ ozs.
Bicarbonate of sodium.....6 "
Comp. spirit lavender.....2 "
Water .....4 pints.

M. Maccurate for two weeks and filter. Dose: 1 fl. dr. to 1 fl. oz. half an hour after meals, for costiveness.

—*American Druggist.*

Emulsion of Copaiba.—Query. How best to dispense ?

℞ Balsam of copaiba.....℥ jv.
Powdered extract of licorice, } .....qs.
Powdered acacia, }
Camphor water enough to make.....℥ iij

Ans. Place in a dry mortar 6 drachms each of powdered acacia and extract of licorice (thoroughly dry) and pour on the balsam. Mix well, and add at one time, 12 drachms of camphor water. Continue stirring until the mixture is complete, scraping the sides of the mortar and pestle occasionally. Then add the camphor water little by little, until the total amount of 3 ounces is obtained.

—*American Druggist.*

Tolu Rock and Rye.—(Ind. Pharmacy.)

℞ Good whisky.....1 gallon.
Rock candy .....4 pounds.
Gum tolu.....2 ounces.

Put the whole into a two-gallon jug, set in a warm place, and agitate several times a day until the candy is dissolved. Then strain through flannel or coarse muslin.

[The proportion of sugar appears to us larger than good whisky will dissolve, and it may be remarked in passing, that the original "rock and rye" contained figs among its ingredients.—*Ed. Amer. Druggist.*]

Spermatorrhœa.—A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day; also, a pill containing a fourth or a third of a grain of extract of belladonna, with three grains of camphor, should be given at first every night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions, will steadily improve, and the emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

Dry Seborrhœa of the Scalp.—This affection, which is almost always accompanied by some degree of irritation of the scalp, is best treated by the following preparation.

℞ Zinci. oxid., Sulphur. præcip., ... aa gr. j,
Ung. simpl. ..... ℥ j.

M. This ointment should be applied to the head each evening, and carefully washed off in the morning.—*Amer. Med. Digest.*

A New Chewing Gum.—

℞	Venice turpentine	100 parts,
	American Thus	75 "
	Yellow wax	50 "
	Bals. tolu	10 "
	Bals. Peru	5 "

Melt together and add, in fine powder:

	Cinnamon (Chinese)	30 parts,
	Chocolate	50 "
	Red Sandal Wood	10 "
	Myrrh	5 "
	Galangal	5 "
	Ginger	5 "
	Cardamom	2½ "

(Parts by weight.) Mix and roll out, when cool enough, into sticks, or make into any suitable form.—*New Idea.*

Congestive Headache.—Nickel.—After a number of experiments. Dr. J. M. DaCosta decides that the bromide of nickel is much more effective in the congestive form of headache than any other preparation of bromide. Its dose is from five to seven grains.

Disguising the Taste of Tincture of Iron.—Dr. Hager recommends that tincture of the sesqui-chloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.—*Amer. Drug.*

EDITORIALS AND MISCELLANEOUS.

☛ Many subscribers are in arrears for subscription. Friends, *please settle at once*, and oblige R. C. WORD,
Managing Editor.

SEE the new advertisements in this No. of McIntosh Supporter and Battery Co., A. A. Mellier, Ruckel & Co., Seven Springs Alum and Iron Mass, Ridge's Food, etc.

DEATH OF DR. WILLARD PARKER.—One of the great Surgeons of New York died in the latter part of April last. He was connected with the College of Physicians during the greater part of his professional life.

DR. S. D. GROSS, the eminent Surgeon of Philadelphia and former President of the American Medical Association, died on May 6th, 1884.

"Few men," says the New York Medical Record, "ever lived who bore greater sway over the Medical Profession than Dr. Gross has borne for many years past, and his influence was due to no art, but to the simple power of a long course of devotion to the best interest of those who delighted to do him honor."

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association convened in Washington City on the 6th inst., and was largely attended, there being about five hundred members present. Dr. Garnett made the address of welcome, and the President, Dr. Austin Flint, delivered his annual address. He said much on the great progress of medical science. Among the suggestions in the address was one advising the appointment of a committee to confer with the Faculties of medical schools with a view to secure uniformity in the *requirements* for graduation of students.

In regard to refusing to consult with irregular practitioners, he advised that the Association should specify more particularly the reasons therefor. He made, in the conclusion of his address, a feeling tribute to Dr. S. D. Gross, of Philadelphia.

Officers for ensuing year:

President—Henry F. Campbell, Georgia.

Vice-Presidents—J. S. Lynch, Maryland; S. D. Mercer, Nebraska; J. W. Parsons, New Hampshire; H. C. Ghent, Texas.

Treasurer—R. J. Dunglison, Pennsylvania.

Librarian—C. H. Kleinschmidt, Disirict of Columbia.

Chairman of Committee of Arrangements—S. D. Logan, New Orleans.

Assistant Secretary- W. H. Watkins, New Orleans.

Place of meeting, New Orleans, last Tuesday in April, 1885.

GEORGIA MEDICAL ASSOCIATION.

At the late meeting of the Georgia Medical Association, Dr. Jno. Thad. Johnson, of the Committee on nominations, reported the following medical gentlemen as the chairmen of committees in the several districts, to-wit:

1st District—Section on Practice, W. Duncan, M.D.
" " " " Gynecology, R. J. Nunn, M.D.
2d District—Section on Practice, T. S. Dekel, M.D.
" " " " Surgery, A. P. Taylor, M.D.
" " " " Gynecology, T. S. Hopkins, M.D.
3d District—Section on Practice, S. B. Hawkins, M.D.
" " " " Surgery, R. H. Pate, M.D.
" " " " Gynecology, T. F. Walker, M.D.
4th District—Sectiou on Practice, C. D. Smith, M.D.
" " " " Surgery, W. A. Pool, M.D.
" " " " Gynecology, W. W. Fitts, M.D.
5th District—Section on Practice, W. D. Bizzell, M.D.
" " " " Surgery, W. P. Nicolson, M.D.
" " " " Gynecology, J. G. Earnest, M D.
6th District—Section on Practice, L. B. Alexander, M D.
" " " " Surgery, T. H. Kenan, M.D.
" " " " Gynecology, T O. Powell, M.D.
7th District—Section on Practice, W. S. Kendrick, M.D.
" " " " Surgery, W. D. Wells, M.D.
" " " " Gynecology, Robert Battey, M.D.
8th District—Section on Practice, J Gerdine, M.D.
" " " " Surgery, G. W. Milligan, M.D.
" " " " Gynecology, J. E. Pope, M.D.
9th District—Section on Practice, J. W. Bailey, M.D.
" " " " Surgery, W. J. Rusk, M.D.
" " " " Gynecology, L. G. Hardeman, M.D.
10th District—Section on Practice, S. D. Brantley, M.D.
" " " " Surgery, A. G. Whitehead, M.D,
" " " " Gynecology, H. F. Campbell, M.D.

THE PEOPLE AND THE CODE.

The object, we suppose, of the suggestion of Dr. Flint, that the American Medical Association adopt a resolution explaining more particularly the reasons for not consulting with irregular practitioners, is to enlighten the people on the subject. The common people do not understand, and seem to have no patience with what they regard as mere punctiliousness, as between physicians in the matter of refusing consultations with members of different schools of medicine. This is largely due to the republican ideas which have ever been the boast of our people, and which they instintcively apply to every calling and to every department of life.

There are at this time petitions before Congress from the States of Kentucky, South Carolina, Connecticut and New Jersey, protesting against the discriminations which are made in the Army, Navy and Civil Service appointments against certain schools of medicine.

A LIBERAL DOCTOR.

Dr. J. M. Toner, of Washington City, has donated to the Government Library, 27,515 volumes, and 15,755 pamphlets; being the life time accumulations of his private library in which he had taken great interest—being a man especially devoted to books.

DAILY STAR AND HERALD (PANAMA.)

Through the kindness of a medical friend. we have had the pleasure of perusing the above paper, published in Panama. The Isthmus of Panama has been made prominent of late by reason of the great Inter Oceanic Canal, the work upon which is now in progress, with the famous de Lesseps as the manager.

Among many interesting items in the number before us is a paper relating to sanitary matters, in which the writer graphically protests against the almost utter disregard of sanitary regulations in this part of the world, which is to be called the Gate to the Pacific, at a point where yellow fever may be regarded as a perpetual fixture, if not indigenous to the locality. As an instance of the disregard or indifference to the laws of decency and health which prevails, we copy the following extract from the paper referred to:

"Of the two native cemeteries, one consists of a quadrangle of vaults or niches. The other is the generel burial ground. We consider the latter first. It is used by the population at large, as well as for the interment of paupers, prisoners and hospital patients. It faces the main road, and consists of three-fourths of an acre. This cemetery never was adequate to its duty. Panama to-day has a population of, say twenty thousand souls, constantly increasing. The cemetery lies within half a mile of the western suburbs of the city. Increase of population of necessity means more deaths, still this three-fourths of an acre *must do duty still.* When one tries to realize the fact that it is dug up year after year, and that its ghastly contents are turned to the broad light of day, one can then, and then only, estimate what a pestilence disease producing centre it becomes. How are its dead buried? Fully one-half without coffins. Coffins are secured at a small rental for the funeral; at the grave the dead are taken out, wrapped in a sheet and buried. The coffin is returned to the shop of the undertaker, in its turn to serve as a disease-producing factor. Owing to the smallness of the lot, in twelve months or less the coffins, or bones, or both, as the case may be, are rudely disturbed to make way for 'new arrivals' and are cast out of their temporary homes. Within that lot one sees scattered about coffins, pieces of coffins, bones, skulls, parts of clothing, etc., etc. For decency's sake, they are gathered together occasionally and burned, but what of the germs? This goes on under our intertropical sun, with an average yearly temperature of 84 deg. in the shade. Can health be expected under such circumstances? These germs in millions are cast loose from what should be their final resting place, and fly abroad to cause new disease and death, as shown by Dr. Domingo Freire, of Rio de Janeiro, and thus "perpetuate their species." This is no sensational pen and ink sketch; but a statement of things as they exist at this very time, as we write. This dreadful burying and unburying goes on from year to year, in strict conformity with the "colonial tradition," as many know, and truthful people will candidly admit."

BOOKS AND PAMPHLETS RECEIVED.

Elementary Principles of Electro-Therapeutics, for the use of Physicians and Students, with one hundred and thirty-five illustrations, prepared by C. M. Haynes, M.D., published by the McIntosh Galvanic and Faradic Battery Co., Chicago, Ill. A work of four hundred and twenty-six large octavo pages, treating of ***Magnetism, Franklinism, Galvanism, Electrolysis, Galvano-cautery, Faradism,*** the McIntosh Combined ***Galvanic Batteries, Electro-thermal Baths, Electro-Physiology, Electro-Diagnosis, Electro-Therapeutics,*** etc.

Under these heads are Chapters which give detailed instruction of all important points connected with this interesting department of electro-therapeutics. Every Practitiouer would do well to procure and study this useful and interesting work.

Sexual Neurasthenia, Nervous Exhaustion—Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous. By George M. Beard, A. M., M. D., Formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine; Author of our "Home Physician;" "Hay Fever;" "Stimulants and Narcotics;" "Eating and Drinking," etc., etc. Posthumous M. S. Edited by A. D. Rockwell, A. M., M. D. Fellow of the New York Academy of Medicine; of the American Neurological Association and Electro-Therapeutist to the New York State Hospital; One of the Authors of "Medical and Surgical Electricity;" etc. New York: E. B. Treat, 757 Broadway. Price $2.00.

The above work will be read with interest, being upon subjects which, in years past, have been largely occupied by quacks or popular writers, solely in the interest of their pockets.

It is well that those affections connected with the abuse of the sexual organs should be investigated by men of true science, and that the regular Profession should be provided with books which will give information founded on science and truth, rather than on the assumption of base and irresponsible empirics.

The Relation of Animal Diseases to the Public Health, and their Prevention. By Frank S. Billings, D. V. S. Graduate of the Royal Veterinary Institute, of Berlin; Member of the Royal Veterinary Association of the Province of Brandenburg; Honorary Member of the Veterinary Society of Montreal, Canada, etc. New York: D. Appleton & Co., 1, 3 and 5 Bond street, 1884.

"It is the purpose," says the author, "to introduce to every thinking man and woman of the country, a new subject—the higher purposes of veterinary medicine. It is a work which treats of the prevention of diseases, not their treatment." The work is well timed, and will doubtless be read with interest, not only by medical men, but by intelligent men of the farming class. The fact that the diseases of animals have of late years been found to be analogous, and in many instances identical with those of the human species, makes the subject more attractive. The work before us has 441 pages and contains a vast amount of instructive and valuable reading.

A. A. Mellier's Illustrated Catalogue and Price List of Surgical Instruments and Appliances, St. Louis, Mo.

The above is a large Catalogue, containing one hundred and fifty pages octavo, with an extensive list of instruments of all kinds, Pocket and Surgical Cases, Syringes of every kind and variety, Laryngeal, Esophageal and Tracheal Instruments, Gynecological Instruments, Cupping, Aspirating and Dermatological, Electric, Orthopedic apparatus, Microscopes, Splints, etc., etc. Address A. A. Mellier, 709 Washington Ave., St. Louis, Mo.

A Treatise on Syphilis, Its Rapid and Progressive Development among the Races, together with its Direful Effects upon the Human Family. Can it be Eradicated from the Human System by Medication? By James W. Price, M.D., Hot Springs, Arkansas.

Iodoform in Dental Surgery, by C. F. W. Bodecker, D.D.S., M.D.S., New York.

RECEIPTED.

1884.—Drs. Wm. Powell; J. Dilworth; W. B. Thomasson; W. N. Odlum; H. Perdue; A. C. Crymes, T. J. Jones, K. H. Davis, J. V. Plummer, G. W. Luster; P. P Haines; L. N. Williams; P. T. Meigs; Robt. Lloyd; Jonathan King; A. H. Askew to June.
1883.—W. H. Johnson; W. H. Peek; J. T. Cleveland; A. N. Perkins; C. J. Church; M. M. Morton; W. T. Dowell.
1885.—E. W. Hunter; T. N. Skeen; J. S. Lee; Samuel Pool to October.

SPECIAL NOTICES.

IN addition to its *other valuable* properties, the SEVEN SPRINGS IRON-ALUM MASS is a formidable rival to quinine for chills and fevers and malarial diseases. In some respects it is decidedly preferable. As a tonic, alterative and expurgative of malarial poison, it is far superior. I would like the profession to try this remedy and report results, as it seems not generally known as a chill remedy.
See advertisement on colored leaves.
H. M. GRANT, M.D., D.D S.
Abingdon, Va., formerly of Texas.

"WE believe that we are conferring a favor upon subscribers in directing their attention to TONGALINE, or LIQUOR TONGÆ SALICYLATUS.
It is a combination of the Figian Tonga with some of the more powerful salicylates, and as a remedy for Neuralgia and Rheumatism has become a *general necessity* with those who have given it a fair trial, among whom are many eminent in the profession.
Our own experience leads us to heartily recommend it, and our readers will note that it is not a secret medicine, and its sale is urged only through prescriptions of members of the profession "
Extract from the April number, 1884, of the Massachusetts Medical Journal (Boston).

Rattle & Co., Chemists, St. Louis.—This is a splendid House. Their preparations possess real merit, and are growing in popularity with the Profession everywhere. They are live men, energetic and reliable in their dealings, and prompt in business transactions. They keep an advertisement in this Journal, which our readers are invited to examine carefully, and we doubt not they will be both interested and profited thereby.

Parke, Davis & Co.—This great Drug Establishment of Detroit still maintains its high reputation before the country. The energy which they display in the investigation and publication of new medicinal agents, the neatness and precision with which they put up all the standard preparations, and the staunch integrity and promptness which they have always exhibited as business men, have justly secured the confidence and patronage of the profession and of the public. See their advertisement.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. As manufacturing chemists, this establishment is eminently popular, and is the pride of our country. This house has an attractive advertisement in this issue, which please examine carefully.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, $1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Tongaline.—We wish to call the attention of our readers to this new remedy for Neuralgia and Rheumatism. Having a case of Neuralgia recently which did not improve under the ordinary treatment, we had Messrs. Bush & Co. order some Tongaline for us, which we gave to our patient. It acted admirably, relieving the patient before many doses had been taken. Since then we have had occasion to prescribe it several times, and with the same good results. We believe Tongaline is destined to be the remedy for Neuralgia, and the testimonials from noted physicians and surgeons tend to strengthen such a prediction. Try Tongaline and you will thank us for this suggestion."—*Extract from the Jan.* ('84) *number of the Eastern Medical Journal, Worcester, Mass.*